

Case Number:	CM14-0040672		
Date Assigned:	06/27/2014	Date of Injury:	05/23/1997
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a case of a 60-year old female who has submitted a claim for chronic low back pain status post two lumbar surgeries with L3-S1 fusion with residual radiculopathy and low back pain associated with an industrial date of injury of 05/23/1997. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of low-back pain which is present most of the time, radiates to the buttocks and still has an altered feeling or sensation in the thigh, knee area, and tops of the feet. This low back pain is increased by prolonged bending, sitting, walking, lifting heavy objects, and activities of daily living such as housework, washing the dishes or vacuuming. The pain is usually relieved by physical therapy, medications, changing position, massage in the affected area, and heat or ice packs. Examination of the lumbar spine shows moderate muscle spasm or tightness upon palpation of paralumbar muscles with a less than normal active range of motion: flexion 75% of normal, extension 60% of normal, right lateral flexion 60% of normal, and left lateral flexion 50% of normal. Straight leg raising test is negative bilaterally at 90 degrees sitting position. Patient's usual gait is slow with flexed forward posture due to back pain. Sensory exam showed decreased levels on the top of both feet bilaterally to light touch, pinprick, or vibration. There is also altered sensation noted in both anterior lateral thighs and knee area, but no definite decreased sensation to light touch. Treatment to date includes lumbar surgeries, physical therapy, home exercises, and medications. Medications has included Gabapentin, Vicodin, Omeprazole, Naproxen, Prevacid, and Neurontin. Utilization review, dated 03/06/14, denied the request for 8 sessions of physical therapy for the relief of low back pain flare-up because there was insufficient clinical information to start a formal physical therapy protocol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Physical Therapy for flare up of lower back pain, 2 times a week for 4 weeks as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Physical medicine guidelines for neuralgia, neuritis or radiculitis include 8-10 visits over 4 weeks. In this case, the patient has been complaining of chronic back pain since 2012. She underwent second lumbar surgery and completed 6 sessions of post-operative physical therapy in 2012, which alleviated her back pain. She has also reached maximum medical improvement with residuals as of October 2013. However, recent progress reports showed flare-up of symptoms. This resulted to difficulties in performing activities of daily living such as housework, washing the dishes or vacuuming. The medical necessity for re-enrollment to physical therapy has been established. Therefore, the request for 8 sessions of physical therapy for relief of flare-up of low back pain, 2 times a week for 4 weeks is medically necessary.